



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER BUREAU

CAMPGROUND INSPECTION REPORT

Issued under authority of Part 125 of Act 368, P.A. 1978, as amended. An annual inspection is required for licensure.

Campground Name:	L -								
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Inspection Date: _____ Location: _____ County: _____

Owner's Name and Address: _____

TYPE OF CAMPGROUND

Number of Individual Sites

Equivalent No. of Group Sites

MODERN

PRIMITIVE

TOTAL

TOTAL

NOTE:

✓ Indicates Satisfactory Compliance

x Indicates Noncompliance

- Indicates Item Does Not Apply

Number of Sites w/ Electrical Service _____ Number of Sites w/ Water Connections _____ Number of Unthreaded Water Outlets _____

Number of Sites w/ Seepage Pits _____ Number of Sites w/ Sewer Connections _____

Sites – General: (Rule 6)

- ____ License Fee Paid ____ Construction Affidavit, Plumbing &
____ Electrical Approvals for New Facilities or Sites
____ Site Layout Complies with Approved Plan ____ Sites Numbered
____ Boundaries Designated ____ 4 ft. Unobstructed Path Around RVs
____ No Permanent Structures on Campground Sites
____ Drainage ____ One RV per Site ____ No Unlicensed Sites/Areas

Group Sites: (Rule 6b)

- ____ Area Boundaries Designated ____ Signs Posted ____ Record Kept
____ 4 ft. Path Around RVs ____ Emergency Vehicle Access Maintained

Water Supply: (Rule 9) ____ Municipal ____ Type II ____ Type III

Well: ____ Proper Construction ____ Adequate Capacity

- ____ Isolation ____ Properly Maintained & Operated
____ Above-Grade Well House ____ Sample Tap, Pump-to-Waste, Cl₂

Distribution: (Rule 9)

- ____ Disinfected Before Opening. Last Sampled ____/____/____ (Date)
____ Result (Coliform/100 ml) _____
____ No Stop & Waste Valves ____ No Buried Hoses
____ One RV per CG Outlet ____ Proper Operation & Maintenance

Water Treatment: (Act 399)

- Type: _____
____ Certified Operator ____ Monthly Operation Reports Submitted

Service Building: (Rule 21)

- ____ Ventilation ____ Windows Screened ____ Coving
____ Self-Closing Exterior Doors ____ Fixtures in Working Order
____ Lighting ____ Proper Plumbing, No Cross Connections
____ Hot Water 120°F or Less ____ Maintenance
____ Adequate Number of Fixtures

No. of Service Buildings:		MALE	FEMALE	UNISEX
Number of Lavatories (Sinks)				
Number of Toilets				
Number of Urinals				
Number of Showers				

Privies: (Rules 6a and 16)

- ____ Adequate Number ____ Properly Constructed
____ Located >50 ft. from Campsites ____ Proper Maintenance

Sewage Collection & Treatment System: (Rules 11, 12, and 13)

- ____ Sewer Risers 2 inches Above-Grade ____ Closed on Vacant Sites
____ 5 ft. or More to Water Riser
____ Sanitary Connection to Recreational Vehicles
____ Septic Tank Properly Maintained, Last Pumped ____/____/____ (Date)
____ No Buried Storage Tanks (Rule 19) ____ Seepage Pits (Rule 18)

Lagoon: (Rules 10 and 14)

- ____ Berms Maintained ____ Weeds Under Control
____ No Evidence of Muskrats ____ No Dike Erosion
____ Gate & Fence ____ Warning Signs ____ Certified Operator
____ Proper Access Road ____ No Nuisance Conditions

Disposal: (Rules 10 and 14)

- ____ No Evidence of Failed Tile Field, Irrigation Area, Seepage Cells
____ Properly Maintained and Operated
____ Discharge Monitoring and Flow Reports Submitted
____ Current Discharge Permit or Authorization

Sanitary Station: (Rule 26)

- ____ Required ____ Properly Constructed and Maintained

Garbage and Refuse Disposal: (Rule 31)

- ____ Sufficient Number ____ Emptied as Required
____ Properly Maintained ____ Disposal in Accord With Law

Miscellaneous Requirements:

- ____ Roadways Maintained ____ Vehicle Parking Off Roads (Rule 8)
____ Manager Available ____ Emergency Phone #s Posted (Rule 7)
____ Electrical Installation ____ No Buried Extension Cords (Rule 33)
____ Swimming Pool ____ Bathing Beach (Rule 35)
____ Measures taken to Reduce Mosquito Population (Rule 31)
____ Service Building, Grounds, Facilities Maintained/Clean (Rule 27)
____ No Changes without LHD/MDEQ Construction Approvals (Rule 3)

RECOMMENDATION REGARDING LICENSURE

- ____ At the time of inspection, the facilities were found to be in substantial compliance with the law and rules; therefore, a license is recommended.
____ This facility is **NOT** in substantial compliance, a follow-up inspection will be made on ____/____/____. All violations must be corrected at this time.
____ This facility is **NOT** in substantial compliance and licensure cannot be recommended. Violations are as indicated above; additional comments below:

Additional Comments: _____

LHD or MDEQ Rep.: _____ Person Interviewed: _____

NOTE: Use Campground Inspection Report Supplement (Form EQP 1715-1) for additional remarks.

DISTRIBUTION: WHITE – DEQ CANARY – CAMPGROUND OWNER PINK – LOCAL HEALTH DEPARTMENT

